PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further a indicated unless correcte maintenance fee notificat	correspondence including below or directed oth			specifying a new cor	rresp	ondence address;	and/or	(b) indicating a separ	ate "FEE	ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
000277 7590 09/07/2006						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
GRAND RAPIDS, MI 49501										(Depositor's name)	
				1						(Signature)	
				·						(Date)	
APPLICATION NO. FILING DATE			!	FIRST NAMED INVENTOR			ATTOR	RNEY DOCKET NO.	CONFIRMATION NO.		
10/520,871	01/11/2005			Anatoli N. Verentchikov		55387.0223		6508			
TITLE OF INVENTION	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE DI		PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	D	ATE DUE	
				\$300		\$0	\$1700		12/07/2006		
nonprovisional	NO \$1400				_	ΨΟ		\$1. 700			
EXAMINER ART UNIT		1IT	CLASS-SUBCLASS		•						
NGUYEN, KIET TUAN 2881				250-287000							
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Price, Heneveld, Cooped DeWitt & Litton, LLP							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRIN	TED ON 7	THE PATENT (print or	r type	c)					
PLEASE NOTE: Unl	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no	assignee orm is NO	data will appear on th T a substitute for filing	e pa	tent. If an assign ssignment.	ee is id	entified below, the d	ocument h	as been filed for	
(A) NAME OF ASSIG		(B) RESIDENCE: (CITY and STATE OR COUNTRY)									
LECO Corpo	St. Joseph, Michigan										
Please check the appropr	iate assignee category or	r categorics (wi	ll not be pr	rinted on the patent):		Individual 🖾 C	orporati	on or other private gro	up entity	Government	
4a. The following fce(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies5				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 6-2462 (enclose an extra copy of this form).							
5. Change in Entity Sta	s SMALL ENTITY stat	us. See 37 CFR	1.27.	☐ b. Applicant is no	long	er claiming SMA	LL ENT	FITY status. See 37 C	FR 1.27(g)	(2).	
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if rec	uired) will not	be accepte	ed from anyone other the	an th	ne applicant; a reg	istered a	attorney or agent; or the	e assignee	or other party in	
			1144411411								
Authorized Signature/Terry S. Callgahan/				Date December 7, 2006							
Typed or printed name					Registration No. 34,559						
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450. Alexandra.	nation is required by 37 (stiality is governed by 35 (d application form to the ions for reducing this but Virginia 22313-1450. De Virginia 2	CFR 1.311. The 5 U.S.C. 122 ar e USPTO. Tim orden, should be O NOT SEND	information of the will vary e sent to the FEES OR	on is required to obtain 1.14. This collection is y depending upon the in the Chief Information O COMPLETED FORM	or restindiving	etain a benefit by imated to take 12 idual case. Any c r, U.S. Patent and) THIS ADDRES	the publ minutes omment Traden S. SENI	ic which is to file (an to complete, including s on the amount of ti- mark Office, U.S. Dep D TO: Commissioner	d by the US ng gatherin me you rec artment of for Patents	SPTO to process) g, preparing, and quire to complete Commerce, P.O. s, P.O. Box 1450,	

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.